



QUALITY ASSURANCE (QA) REPORT

For Legal Entity (LE) Contract Providers Only

The QA Report will be used to monitor and support Legal Entity compliance with Los Angeles County Department of Mental Health (LACDMH) Quality Assurance standards and requirements as set forth in Policy 104.09.

DATE: _____

INITIAL REPORT: ☐ ANNUAL REPORT: ☐

LEGAL ENTITY NAME: _____ LE #: _____ LEAD DISTRICT CHIEF: _____

FORM COMPLETED BY: _____ TELEPHONE #: _____ EMAIL ADDRESS: _____
Name/Title

INSTRUCTIONS:

1. LE Contract Provider: Complete the QA Report **annually** and attach any required documents such as the written QA Process, Chart Review Tool and/or Corrective Action Plan (CAP). For **ANNUAL** QA Reports, the written QA Process only has to be attached if it has significantly changed from the previous submission. Be sure to include the revision date on any written QA Process submitted.
2. LE Contract Provider: Submit all documents to the QA Division by January 15th of each year via E-mail (QA@dmh.lacounty.gov) or Fax (213-351-7688).
3. QA Division: Review all submitted documents. If incomplete, mark as "Report Incomplete" and contact the LE person completing the QA Report (as noted above).
4. [INCOMPLETE SUBMISSIONS ONLY] LE Contract Provider: Complete QA Report and/or other required documents and submit within 10 business days from the date of QA Division contact.

If you have any questions regarding this form, please contact your Service Area QA Liaison or Service Area QA Lead, or email QA@dmh.lacounty.gov.

QUALITY ASSURANCE ACTIVITIES	FINDING
1. Does your LE have a written QA process?	<input type="checkbox"/> Yes - Attach a copy if the QA Division does not have the current version <input type="checkbox"/> No - Attach a CAP
2. Does the written QA process include a way to use the QA review findings to inform and improve ongoing documentation practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Attach a CAP
3. Does your LE conduct an annual chart review on at least 5% of open (active) clinical records per quarter?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Attach a CAP
4. Does your LE use a standard QA tool to review charts?	<input type="checkbox"/> Yes - Attach a copy if the QA Division does not have the current version <input type="checkbox"/> No - Attach a CAP
5. Does your LE have a formal QA committee meeting? If so, how often?	<input type="checkbox"/> Yes <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: _____ <input type="checkbox"/> No
6. Does your LE have one or more clinical staff specifically assigned to QA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Aside from chart reviews and QA meetings, what other QA activities does your LE do? Please check all that apply.	<input type="checkbox"/> Develop QA Related Policies/Procedures/Training <input type="checkbox"/> Training on Medi-Cal Requirements <input type="checkbox"/> Medi-Cal Certification/Recertification Preparation <input type="checkbox"/> Oversight of Business Assoc/Subcontractors <input type="checkbox"/> Preparation/Assistance with County/State/Federal Audits <input type="checkbox"/> Monitor Medication Practices <input type="checkbox"/> Other _____

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USE OF REFERENCE MATERIALS	FINDING
8. Does your LE use the "Guide to QA Chart Review Requirements for Directly-Operated Programs"?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does your LE use the "DMH Short-Doyle Medi-Cal Organizational Provider's Manual"?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Attach a CAP
10. Does your LE use the "Guide to Procedure Codes for Claiming Mental Health Services"?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Attach a CAP
QA/DOCUMENTATION TRAINING & COMMUNICATION	FINDING
11. Does your LE conduct QA/documentation related trainings for your staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Does your LE send staff to DMH provided QA/documentation related trainings, e.g. "Understanding Documentation" training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Approximately what percentage of your LE's staff received some form of QA/documentation related training last year?	_____ % of staff received QA/documentation related training
14. Which Services Area QIC/QAC does your LE attend? Please check all Service Areas that apply and list the name and title of staff that attend the meeting.	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> SA1: _____ <input type="checkbox"/> SA3: _____ <input type="checkbox"/> SA5: _____ <input type="checkbox"/> SA7: _____ <input type="checkbox"/> None - Attach a CAP </div> <div> <input type="checkbox"/> SA2: _____ <input type="checkbox"/> SA4: _____ <input type="checkbox"/> SA6: _____ <input type="checkbox"/> SA8: _____ </div> </div>
15. Does staff from your LE interact with the Service Area Quality Assurance Liaisons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Does staff from your LE access the Program Support Bureau/QA Website and/or the LACDMH Internet site for QA information and updates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
QA AUDITS	FINDING
17. When was the last time a provider of your LE was audited by the Auditor Controller?	Date of Last Audit: _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Never been audited
18. When was the last time a provider of your LE was audited by Moss, Levy, & Hartzheim?	Date of Last Audit: _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Never been audited

FOR QA DIVISION USE ONLY

Date Received: _____ Received By: _____

Date Reviewed: _____ QA Lead/Supervisor Reviewer: _____

Report Status: ☐ Complete ☐ Incomplete Date LE Contacted: _____